

HEALTH FACILITY CONSTRUCTION LOAN INSURANCE

(Check Applicable Use)

☐ Loan Insurance Application

☐ Disbursement of Funds

ESTIMATE OF COST AND REQUISITION

OSH-CM-134 (Rev. 04/96)

1. NAME OF FACILITY	2. PROJECT NO.	3. DISBURSEMENT NO.
CORPORATE NAME (if different)		
4. ADDRESS	5. TRUSTEE	

USE OF FUNDS:	TOTAL PROJECT COSTS	TOTAL DISBURS. THIS REQUISITION	TOTAL AMOUNT EXPENDED TO DATE	%	UNEXPENDED BALANCE
I. <u>PROJECT COSTS</u>	\$	\$	\$		\$
A. Retire/Deasee Existing Debt					
B. Acquisition, Cost, Title & Recording					
C. Site Survey & Soil Investigation					
D. Appraisal					
E. Cal-EPA					
F. Architectural/Engineering					
1. Plan Check Fees, Permits, etc.					
2. Contract Architect					
3. Contract Engineer					
4. Other A/E Consultant Fees					
G. Construction					
1. Landscaping					
2. Construction Contracts					
3. Insurance					
4. Material Testing					
5. Contingency					
H. Fixed/Movable Equipment					
I. Supervision - Inspector					
J. Marketing					
K. Other					
TOTAL PROJECT COSTS					
II. <u>COSTS OF ISSUANCE</u>					
1. Bond Counsel					
2. Underwriters Counsel					
3. Corp. Counsel					
4. Financial Feasibility					
5. Printing, Rating, Audit, Auth Fee, etc.					
6. Underwriters Discount					
7. Trustee Fees					
8. Title and Recording					
9. C/M Application Fee (\$500)					
10. Financial Advisor					
11. Other					
TOTAL COST OF ISSUANCE					
III. <u>ORIGINAL ISSUE DISCOUNT/PREMIUM</u>					
IV. <u>DEBT SERVICE RESERVE</u>					
V. <u>GROSS CAPITALIZED INTEREST</u>					
VI. <u>INSURANCE PREMIUM & FEES</u>					
1. Insurance Premium & Reserve					
2. Department Cert. & Inspec. Fee (0.4%)					
VII. <u>OTHER (SPECIFY)</u>					
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.....					
VIII. <u>TOTAL USE OF FUNDS</u>	\$	\$	\$		\$

A.

BOND OR COP PROCEEDS

1. Project Account

2. Capitalized Interest Account

3. Cost of Issuance Account.

4. Debt Service Reserve Account.

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5. Insurance Account

6. Other

B.

Investment Earnings Realized

C.

Future Investment Earnings (Est.)

D.

Letter of Credit

E.

CORPORATE EQUITY

1. Cash

2. Prepays

3. Other

F.

Funds From Other Sources (Specify)

Total Source of Funds\$

Bond or COP Proceeds (%) \$

Sponsors Assets (%) \$

7. CERTIFICATION BY APPLICANT

I certify that realty for this project has been conveyed to me and that labor, materials and services having a value of \$ has been used in this project in accordance with the approved project agreement and have either been paid for or documented as valid accounts payable. I hereby request insured advance of loan proceeds of said sum for project disbursements.

OWNER'S NAME AND TITLE (Typed)	OWNER'S SIGNATURE	DATE
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8. CERTIFICATION OF STATE REPRESENTATIVE

I hereby certify that, based upon an inspection of the work and examination of required documents, pertaining thereto, such having been conducted on 20 , all work, services and materials shown above are incorporated in the project and are in compliance with agreements, regulations and applicable codes. By such, recommendation is made that installment of bond or loan proceeds commensurate with the above expenditures be disbursed by the Trustee.

NAME AND TITLE OF STATE REPRESENTATIVE (Typed)	SIGNATURE	DATE
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